



Dear Friends,

Although we can track the changes in the FMS phenomenon through such indicators as statistics, legal decisions, and publications, for most of us, change (or the lack thereof) is made meaningful by the events that affect us personally such as a contact nibble (or no contact) from a lost child. At least that is true for this writer.

And like many people grieving because of the nonsensical FMS cruelty, this writer, from time to time, tries to take a break from it. Thus, a chance event while on vacation this summer brought home the dramatic, almost unprecedented, changes that have occurred in this social problem.

It was similar to a chance event that occurred in 1992, a few months after the Foundation had been formed. We were headed for a distant isolated location in an attempt to lessen the unrelenting grief, only to be greeted by a United Airlines magazine advertisement for an abuse treatment center in California. The ad stated: "*Remembering incest and childhood abuse is the first step to healing.*" and "*We can help you remember and heal.*" It claimed that the following were signs of abuse:

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We carried that advertisement with us because it seemed such a concise statement of the warped and non-scientific belief system confronting families. And we learned that however far one might travel, the emptiness in our hearts would remain. Our children, after all, will always be our children despite the pain they create.

In July 1999, we again headed for a distant isolated spot, partly in the hope that we could avoid reading, talking, or thinking about FMS for a while. It was not to be. While in transit we heard a radio heralding the news of a legal decision in a case in which a therapist was sued by a former

patient. The patient had come to believe that she had been part of an intergenerational satanic cult. (See Simpson v. Litwin, this newsletter.) We had to conclude that for us, at least, there is no getting away from the reality of what has so profoundly affected our lives.

But what a tremendous change has occurred in these seven years. From a problem in its ascendancy in 1992, FMS has become a problem in decline in 1999. Although the problem will probably not disappear in our lifetimes, it will become increasingly marginalized as people distance themselves, or are forced to distance themselves, from it. Renee Fredrickson, Ph.D. was one of the prominent names in recovered-memory therapy seven years ago; now she is just another example of the therapists forced to distance themselves because of serious sanctions by a state license board. (See Legal Corner) Fredrickson has been permanently restricted from providing therapy that involves issues of cult, ritual, or satanic abuse.

Another therapist under review for substandard therapy practices is Bennett Braun, M.D., the Chicago psychiatrist at the center of the belief in MPD and satanic ritual abuse and who was the best known founder of the ISSD (International Society for the Study of Dissociation). A few professionals such as Daniel Brown, Ph.D., a speaker at the 1999 Annual Meeting of the American Psychiatric Association, continue to defend Braun. Dr. Elva Poznanski, a former Braun colleague at Rush Presbyterian, however, has agreed with the Illinois Department of Professional Regulation to testify against Braun in a hearing to strip him of his license to practice medicine.

It will be interesting to see if the ISSD will ever recognize the problems it has helped to create; after all lawsuits

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against most of its founders indicate that something is wrong. The International Society for Traumatic Stress Studies turned down the ISSD when the latter asked to integrate. And the ISSD acknowledges its membership has been dropping.

Another example of marginalization is the vehemence with which professionals such as Paul Fink, M.D., former president of the American Psychiatric Association, speak against the FMSF and fundamental issues such as informed consent. Writing in the November 1998 *Clinical Psychiatry News*, Dr. Fink said that "informed-consent would 'destroy dynamic psychotherapy.'" On October 30, 1991, Dr. Fink appeared on the "Jane Wallace Live" television program and actually validated the sexual abuse claims of three women he had never evaluated. Dr. Fink went on to state: "Everybody who has MPD has been abused. Everybody who has Post Traumatic disorder has been abused. Everybody who has serious problems with depression and...were abused." Now Dr. Fink marginalizes himself by repeating the totally inaccurate and false claim that the FMSF is behind informed consent legislation.

Evidence of change continues in the legal field. In this month's Legal Corner we report a decision by the Wisconsin Supreme Court that paves the way for parents to bring lawsuits against their accusing (in this case deceased) daughter's therapists. The language of the court was strong and will be appreciated by accused families.

"We are quite confident that negligent treatment which encourages false accusations of sexual abuse is highly culpable for the resulting injury."

"The harms the Sawyers have alleged are the ordinary and predictable injuries one might expect following negligent therapy which implants and reinforces false memories of sexual abuse at the hands of family members which results in accusations of that abuse."

The *Sawyer v Midelfort* decision, in the wake of the *Hungerford* third-party decision, will surely be cause for

reflection by therapists about their responsibility to provide safe and effective therapy.

The result of an on-air comment by Laura Schlesinger (Dr. Laura) two weeks ago, however, gave us a reminder that the FMSF problem is still all-too-much with us. A mention of FMSF by her—even with no telephone number—brought a small deluge of telephone calls from desperate families looking for help.

The general direction of change in the FMS situation is nevertheless clear, and the Foundation needs to continue to change in response. We no longer need to have such a large staff to respond to calls and letters for help, but we do need to be here for newly accused families and the steady number of contacts from former patients—our children. We need to be alert and responsive to errors or bias in articles and presentations, to expand educational outreach efforts and to work for changes that will help families reconcile. With your ongoing support and financial generosity, we can do that.

Pamela

Pamela Puts On the Gloves!

August Piper, M.D.

The first page of today's newsletter shows Pamela Freyd landing a few more haymakers on the recovered-memory movement. As she correctly notes, many of its practitioners are suffering increased marginalization. (I must confess I had to look the word up: it means "placing something in a position of marginal or minimal importance.")

One of Pamela's comments—about vehement attacks on the FMSF—reminded me of a phenomenon that occurs as a movement is being marginalized and discredited. At that point, its adherents, contrary to what might be expected, become even more passionate—as if raw passion could breathe life into the movement's dying flames. And sometimes the adherents can maintain their beliefs only by closing their eyes to more and more—as time progresses, ever more—evidence. Such self-imposed darkness leads at times to some very odd results.

With respect to this phenomenon as it applies to the recovered-memory movement, consider the paper by Chu and colleagues ("Memories of childhood abuse: Dissociation, amnesia, and corroboration") in the May issue of the *American Journal of Psychiatry* (156: 749-755). The authors state that:

- a) clinical research generally has supported the concepts of dissociative amnesia . . . in relation to traumatic events;
- b) a substantial proportion of participants reported partial or complete amnesia for abuse memories;

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special thanks

We extend a very special "Thank you" to all of the people who help prepare the FMSF Newsletter. *Editorial Support:* Toby Feld, Allen Feld, Janet Fetkewicz, Howard Fishman, Peter Freyd. *Research:* Michele Gregg, Anita Lipton. *Columnists:* August Piper, Jr. and Members of the FMSF Scientific Advisory Board. *Letters and information:* Our Readers.

c) a majority of participants found strong corroboration of their recovered memories.

Let us examine these claims.

To make the assertion in a) requires a truly phenomenal immersion in darkness. Why? Because very solid research has been published examining some 10,000 victims of various kinds of traumas¹. These studies show that not a single person repressed the experience. Chu fails to even mention these investigations—which is indeed strange, given that the research was published by faculty members from his very own university.

One of Chu's major claims is found in b): that the study participants had high rates of amnesia for their childhood traumas. This assertion, of course, contradicts a large and well-established body of research. This work generally shows that unless ordinary forgetting occurs, memorable events are recalled by children older than about age three or four.

Now, given that Chu's paper represents a radical departure from this well-recognized scientific work, one would think he would meticulously document the subjects' amnesia. Instead of doing so, however, he trots out the same tired old questions that have been thoroughly discredited by other investigators: "Was there a period of time when you did not remember that this [traumatic] experience happened?"

Similar remarks apply to the assertion in c). Any study claiming "corroboration" of traumatic events must satisfy one absolutely fundamental requirement: that the events in question be rigorously documented. How did Chu attend to this requirement? By asking the study participants whether, first, anyone had ever confirmed their experiences, and second, whether the participants had physical evidence of the experiences. The published paper does not indicate that the investigators

1) told the subjects what would—and what would not—qualify as confirmatory evidence, 2) interviewed those people who allegedly "confirmed" the experiences; or 3) even examined the "physical evidence." In short, the investigators have taken the participants' word that the traumatic experiences were confirmed.

It does not seem mean-spirited to point out that such "confirmation" falls just a mite short of scientific rigor.

These comments, and several others, have been submitted in a letter to the Journal's editor. Will the author resolutely defined his position, or show the white flag? Stay tuned.

1. For a splendid summary of this research, instructive to both lay and professional readers, see Pope, Harrison: *Psychology Astray: Fallacies in Studies of "Repressed Memory" and Childhood Trauma* (Boca Raton, Florida: Upton Books, 1997)

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Does Childhood Maltreatment Cause Adult Personality Disorder?

FMSF Staff

"Childhood Maltreatment Increases Risk for Personality Disorders During Early Adulthood" Johnson, J.G., Cohen, P., Brown, J., Smailes, E.M., Bernstein, D.P. *Archives of General Psychiatry* Vol 56 July 1999 p. 600-606

Evidence of childhood physical, sexual abuse or neglect was obtained from state records and from self-reports in a longitudinal study involving a representative community sample of 639 youths and their parents from the state of New York. The study controlled for age of onset of abuse, gender and parental psychopathology.

In the documented sample there were 4 cases (0.6%) of sexual abuse; 15 cases (2.3%) of physical abuse; and 23 cases (3.6%) of neglect reported to authorities. In the self-report sample

there were 21 (3.3%) reports of childhood sexual abuse; 34 (5.3%) of physical abuse; and 17 (2.7%) of neglect. There was little overlap between documented and self-reported cases.

The authors concluded that persons who had experienced childhood abuse or neglect were considerably more likely than those not abused or neglected to have personality disorders during early adulthood.

Although there was clearly an association between reported abuse and personality disorder, we cannot conclude that abuse *causes* personality disorder. For example, one conclusion might be that personality disorder is associated with reporting sexual abuse rather than having actually experienced sexual abuse. Self-reports of childhood sexual abuse of 20 to 35% have commonly been reported in the literature (e.g. Russell, 1986). Assuming that the higher rates in those other reports are correct, then 15 to 20% of participants in this study were abused but did not tell.

Even allowing for this problem, the authors still fail to control for other potential confounding variables. For example, in determining parental psychiatric disorders, if the mother did not know the psychiatric history of the subject's biological father, only information regarding the mother was used. This is one example of the methodological limitations that make it difficult to draw conclusions from this report.



A Sign of Our Times

Allen Feld

Few would disagree that there have been significant changes in society's view of "recovered memories." Just think back to early 1992, prior to the Foundation opening its doors. Would you expect to find references to "so-called recovered memories" or "false memories" in your summer novel reading? The following refer

ences were recently found within a two-week period:

Another panelist is an Englishwoman who's written a book about *so-called recovered memory*—in her case, hers. She woke up one morning and “remembered” that her father had raped her, and her brothers had raped her—and all her uncles. Her grandfather, too! Every morning she wakes up and “remembers” someone else who raped her. She must be exhausted! (*Italics and “quotation marks” in original.*) p. 320.

John Irving (1998) *A Widow for One Year* NY: Random House 537 pages

Neither this panelist nor her “remembered” experiences are important to the plot. In fact, there is only one other brief reference to her:

On the elevator, there was the tragicomic Englishwoman; from the look of her, she'd doubtless awakened with recovered memory of yet another rape. (p. 321)

Both excerpts seem to be tinged with humor and, perhaps, even ridicule. Obviously, the author could have chosen other descriptors. Since writers strive to communicate, I would assume that the author believed that enough readers would appreciate the irony in these casual passages about this panelist. Since this novel is written in a witty style, I also assume John Irving believed enough readers would understand the humor intended.

Jean Hanef Korelitz (1999) in *The Sabbathday River* (New York: Farrar, Straus & Giroux, 499 pages) wrote this:

It was not a question of simple confession, Harvey explained. There tended to be a gradual progression from “I didn't do it” to “I must have done it,” each step achieved through the subtle power of modern interrogation tactics, an insidious feeding of information to the suspect, who is after all distressed and fearful. This phenomenon, he said, was something akin to that of false memories, another

byproduct of forceful suggestion on a mind experiencing extreme stress.

“So the officers conducting such an interrogation would gradually introduce new information and incorporate it into their questioning. (p. 463)” (Quotation marks in original)

This comment is a response to a question of an expert witness, called by the defense, and was asked by the defendant's attorney (one of the main characters). It appears in a book that weaves contemporary women's issues throughout its interrelated plots and features three strong women as main characters.

(As an aside: It is difficult for me to overlook contributions that several Advisory Board members may have made to the issues in this brief paragraph. Some examples are Richard Ofshe's work on false confessions and Elizabeth Loftus and Martin Orne's on the “subtle power” and “feeding information.” Their professional contributions are widely known.)

It is deceptive to draw conclusions from these two examples and from other casual references similar to these often mentioned to us by our members. It is not my intent to suggest that these citations reflect either change in society or that the Foundation had a major role in accomplishing this. When things like this start to appear in our popular culture, I am hopeful that it is a positive sign of our times.



Memories Lost and Found - Part I.

07/01/1999 *The Harvard Mental Health Letter* Copyright 1999 Information Access Company. All rights reserved.

Critics are especially concerned about psychotherapy, because they believe it is the source of many of the memories they are challenging. Suggestion is most effective when it comes from a person designated as a healer and authority. Beliefs about memory and memory recovery are easily instilled by therapists, who may disguise their influence, even from themselves, as education, information, or discovery. For example, a memory of sensations felt while being innocently bathed by a parent could take on sinister connotations that quickly suggest false elaborations. Insistent leading questions are especially dangerous, but even a therapist who is trying to be neutral may convey a bias. Hypnosis and guided imagery, commonly used by recovered memory therapists, blur the line between imagination and reality and greatly heighten confidence in memories while lowering their accuracy. Source confusion is magnified when patients are asked to imagine something repeatedly until it seems familiar and then talk about it as though it were real.

Wisconsin Supreme Court Decision Sawyer v. Midelfort

“It's a message to therapists that they may be held accountable to individuals other than their patients if they allow therapy to go awry,” attorney William Smoler of Madison said. “There are other people who are really hurt by misguided therapy and it's time people recognize that.”

In the only dissenting opinion, Justice Ann Walsh Bradley warned that the court's majority opinion could lead to more third-party lawsuits against therapists. “As the saying warns,” Bradley wrote, “Once the camel's nose is in the tent the rest is sure to follow.”

Court allows ‘repressed memories’ malpractice lawsuit to proceed, Associated Press State & Local Wire. June 30, 1999

Clients Therapeutically Created
Pasts and Present Influences Can
Lead to Future Problems
Allen Feld

I have always questioned the therapeutic necessity, wisdom and relevance of delving deeply into a client's past—especially a client's remote past or early childhood. These concerns become even more robust if the reasons for such exploration are vague or not scientifically supported. I remain bewildered by the apparent subjective interpretation frequently used in this type of therapeutic approach and befuddled by the lack of verifiable "evidence" to support questionable conclusions. The devastating experiences of FMSF families have reinforced those concerns. It is important to stress: *My questioning has been directed to the therapeutic use of the past and not the personal importance that people may ascribe to their past.*

Early in my social work career, when colleagues discussed dealing with a client's past, I had at least the following three questions: a) Even if the therapist's role in developing a client's narrative of the past can be set aside, how is it possible for a therapist to judge the accuracy of the client's created narrative? b) Precisely how does a therapist help a client in the present time with information from the past? c) How would (or, does) a therapist alter her/his approach to helping, if the client's narrative were different?

Simply stated, I rejected the notion that the past determined a client's present or future. While I accepted the importance that people often place in what they believe are their pasts, I juxtaposed that with the concerns I had about the reliability of *specific details* of a person's early years. Understanding that the client's telling of her narrative was an outgrowth of an exchange with the therapist, I recognized that the exchange itself had a significant potential to impact the final

product.

Over time, I sometimes wondered if myth-making had become an important component in some therapists' approach to helping. I believe that my questioning has merit, in part, for the following reasons: therapists have no way to determine the truth and validity of a client's reporting of the past. In fact, I sensed some didn't even seem to care about historical accuracy. A therapist may express keen interest in a client's narrative and this, coupled with the client's desire to please this important "authority figure," might inflate the importance of the narrative; although a client might be in therapy for only one hour, therapy may be with a client the remaining 167 hours of the week; if the past were distorted in its telling by the client, and possibly further distorted, even unintentionally, by the therapist with such things as misunderstood comments, questions, speculations, interpretations and/or the client's "homework," clients might integrate distortions into their life story.

Thus, with relative ease a myth can be created. Over time and with continued therapeutic exchanges, the strength of the client's and therapist's belief in the myth might grow. A myth can become a virtually unshakable reality. Indeed, readers of the *Newsletter* are aware of the harm that these myths caused, and are still causing, to families. This scenario describes, at least in part, an example of what some call *covert influences* that occur in therapy.

C. Brooks Brenneis¹ (p. xvi) describes Martin T. Orne's² importance in articulating this phenomenon.

...Orne (1962) captured the process of influence and suggestion quite differently from what I had imagined it to be. Where I anticipated deliberate indoctrination foisted upon a more or less passively receptive subject, Orne saw shades of influence, covertly expressed, and running back and forth

between, in his examples, experimenters and subjects. This turned out to be the barest beginning of the literature on covert influence. Compelling, painstaking accumulated evidence now makes it indisputable that powerful ideas may be triggered and inculcated without either participant's conscious awareness. In fact, the absence of conscious awareness may potentiate the effects of influence. As patient or therapist we are quite capable of intuiting, without conscious awareness, the unconscious belief of others, even ideas which, when raised to consciousness, are disavowed.

The power of a therapist's belief system in determining not only what is consciously and explicitly emphasized but also what is unintentionally or implicitly emphasized in therapy should not be understated or overlooked. I believe that these two concepts, covert influence and therapists' belief system, at the very minimum, impact and affect each other and may ultimately merge. I might even be persuaded to accept the proposition that some therapists who claim they did not influence the "discovery" of memories of incest, or some clients who are adamant in stating that they have not been influenced by the therapist, may actually be unaware of how therapeutic influences such as these may be at play.

A client is not expected to be cognizant of how *unintended influences* impact the therapist and her therapy. However, the standard for a therapist is, and *must be*, different. A therapist's lack of awareness of possible unintended influences is unacceptable. Some may argue that a therapist's error of not comprehending or considering the heavy influence he or she exerts merits their escaping especially severe sanctions in false-memory cases. I vehemently disagree. The sanctions should be equally severe regardless of a therapist's awareness or consciousness of that influence. The damage to

the client and the ensuing family devastation occur whether the influence is intended or not.

Additionally, therapists represent themselves as possessing, are assumed by their clients to possess and indeed should possess, the requisite skills and knowledge to understand fully the influence that they may potentially exert. Therapists' work should, as dictated by the credo of medicine, "cause no harm." Clients are entitled to this; their clients' families deserve this; society should demand this.

1 Brenneis, B. C. (1997) *Recovered memory of trauma: Transferring the present to the past*, International Universities Press.

2. Orne, M.T. (1962) On the social psychology of the psychology experiment: With particular emphasis to demand characteristics and their implications. *American Psychologist*, 17: 776-783.

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Ambiguous Loss: Learning to Live With Unresolved Grief
Harvard University Press, 1999, Dr. Pauline Boss

As defined by the author, an "ambiguous loss" is when a lost person is still physically present but emotionally absent or when a lost person is physically absent but still emotionally present. Examples of the latter are a soldier missing in action or a child who has disappeared.

Dr. Boss notes that with an ambiguous loss it is often difficult for people to get on with their lives. She notes that "People and families become frozen, their lives grind to a near-halt, because they cannot properly mourn someone who is not completely gone." The author suggests that the best way to live with an ambiguous loss is with resilience. She states that the goal for families is to find some way to change even though the ambiguity remains. She advises that families must learn to balance grief over what was lost with a recognition of what is possible.

Many FMS families will see parallels to their own situations in the notion of an ambiguous loss.

**To Hell and Back: Multiple
Personality Disorder as a Betrayal
of the Patient**

*MAKING OF AN ILLNESS: MY EXPERIENCE
WITH MULTIPLE PERSONALITY DISORDER.*

Reviewer: Harold Merskey

Gail Macdonald. Forward by Campbell Perry. 1999. Laurentian University Press, Sudbury, Ontario. Pp. 111, soft-back \$10.00 Canadian.

*A thorn by any other name would
prick as sharp (with apologies to
Juliet).*

Medical historians, especially those who popularize medical writing, like to remind us of past excesses, such as bleeding and purging of patients in extremis, and making them vomit, all of which frequently seems to have finished them off. Chaining and beating of lunatics, the use of the ducking stool and the whirling chair, not to mention witch hunts and executions all figure in these dramatic excesses of medicine. Today's equivalent, MPD, now skulks under the DSM-IV label of Dissociative Identity Disorder, the name change no doubt seeking to minimize opposition and to escape the obvious fallacies of frequent changes of ideas about what "it" is, as well as

the riotous inconsistency of its practitioners and their victims. It would be funny if it were not only serious and sometimes tragic.

Gail Macdonald tells a story of her induction into MPD and her escape from it. Born into a working-class family, she had good parenting until her father took to alcohol. She became a troubled adolescent and a dropout, who took to alcohol and drugs and went through numerous relationships and one divorce. In her second marriage she was still miserable but sought out Alcoholics Anonymous and was able to stop drinking. Still distressed, and possessed by much anger against her father, she went on to ACOA (Adult Children of Alcoholics) where at the age of 33, and herself a mother of two children, she met a handsome counsellor-therapist.

Looking back over her illness at this point, a conventional doctor who was skeptical of MPD and pragmatic in regard to treatment issues might well have given her a judiciously chosen sedative, anti-depressant drug, so that by night she would sleep well and by day her more rational moments could increase and be extended with the help of supportive psychotherapy.

Instead the social worker/therapist in a small town of 15,000 people took her into treatment and entered her into a group he was collecting together. Before long she was one of 25 individuals all given the diagnosis of MPD by her therapist, who was not—according to the rules of the province of Ontario—entitled to make diagnoses as a professional practitioner. He became her friend and walked with her socially. She bought *The Courage to Heal* on his recommendation, read it, and with additional interviews ("therapy") acquired ten alters. Of course, she was told to find her memories, and ultimately did so.

The procedures by which this was achieved included activities resembling the practice of hypnosis in all but

name, as Campbell Perry indicates in his foreword. With difficulty and distress, she came to accuse her father of sexual abuse and not just of his drunkenness and its consequences. The alters included girls between four and seven years old, three male teenagers and two females, aged about 20. As well, there was one called "Shadow" - or alternatively and ironically - "Black Mass."

The Courage to Heal describes an Emergency Stage in which patients (or "clients") get worse and may harm themselves. Gail duly got worse, as did others in her group. Written journals were developed to explore her inner experiences while trying to reconcile or merge the alters. Concomitantly, she was both accepting and hating the thoughts of her father as an abuser and ultimately started cutting her wrists and engaging in self-mutilation. This seems to have culminated in tearing off a great toe nail with great pain and bleeding. Self-mutilation indeed had become the topic of the group. She heard "voices" and began to realize that treatment was starting to make her mentally ill. Voices were explained as the voices of her alters. Many members of the group showed up with burns on their bodies or cuts from knives or razors. Her therapist encouraged severing ties with her family and she began to become isolated. This is only some of her story but it would pass easily for a template for a therapist's guide on how to manufacture MPD with false memories. There were a few boundary violations by her therapist as well.

Salvation reached her from several sources. First she came across an old letter from her father written in love, and could not reconcile this with him being an abuser. When she showed this letter to her therapist, he interpreted it as the opposite and as evidence of his wicked behaviour. Her therapist made other mistakes including advising her—a member of AA—that one day she would be able to drink again. In her questioning state she also came across

her therapist kissing another patient in his car.

The husband of another patient had been urging both of them to give up the treatment, which he said was making them worse. Gail took a break from her therapist and the buzzing of voices declined. She saw her family doctor and two psychiatrists, all of whom concurred that she did not have MPD. The second psychiatrist described her in an article in the medical literature as one of five patients in whom the diagnosis was recognized as false. She also appeared in a groundbreaking film of the Canadian Broadcasting Corporation shown in November, 1993.

There were still difficulties and painful emotions to confront; not about her father but about her own mishaps - but life is much better for her now.

Gail Macdonald tells her story with great honesty and much frankness in self-disclosure. She makes no excuses for her mistakes, harnesses the past to the present and has moved on with impressive strength to rebuild her life. She is free from the symptoms of cutting and suicidal actions but her second marriage ended during her illness. Now, in her third marriage, she has a small business which she runs with a partner, maintains the care of her daughters and is rebuilding her life.

Although there are occasional minor grammatical errors, the writing of this book is direct and well organized. The illustrations include family photographs and letters or documents produced under the influence of her former diagnosis, and these provide some classical examples both of better times and of the changes wrought by MPD.

Readers of the newsletter will find in this book a story which is all too true and the more impressive for the quiet dignity with which it is told.

The diagnosis of MPD is increasingly suspect. A majority of board certified psychiatrists recently sampled by

Dr. Harrison Pope have indicated that the status of the diagnosis is unsettled. Bolder (or more foolhardy) spirits, who early on decided that no case existed that had been proven or was likely to be proven, are being joined by increasing numbers who think that the diagnosis as such should be dropped; and many have doubts as well about the whole concept of Dissociative Disorders as promulgated in the last several decades.

Readers of this book will find it to be both moving and distressing. Most of all it is straightforward without unnecessary complexity, direct and unflinchingly honest. It describes the outcome in one patient out of a large number whom medicine has betrayed. The swing of intellectual opinion in medicine is well on the way to dismissing MPD and recovered memories but some proponents still fancy their skill at diagnosing or treating such conditions. They ought not to be allowed to do so since it now is approaching a level of professional negligence, if not worse, to make the diagnosis of MPD. From the point of view of a psychiatrist, it is a telling example of a professionally made disaster from which some at least have escaped. Yet the proponents of this diagnosis and of recovered memories still ply their trade, urging all who will listen to reject one of the greatest acts of reparation of twentieth century psychiatry: the overturning of one of our most egregious errors.

Harold Merskey, D.M. is Professor Emeritus in Psychiatry at the University of Western Ontario and a member of the FMSF Advisory Board. He is the author of The Analysis of Hysteria: Understanding Conversion and Dissociation, 2nd ed.

To order: **MAKING OF AN ILLNESS**
by Gail Macdonald
Contact: Laurentian University Press,
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ISBN # 0-88667-045-4

Utah Supreme Court: Repressed Memory Testimony Should Not Have Been Admitted at Trial

Franklin v. Stevenson, Supreme Court Utah, 1999 Utah LEXIS 95, 1999 UT 61, dated June 18, 1999.

The Utah Supreme Court overturned a 1996 jury verdict in favor of a plaintiff who had claimed recovered memories of childhood sexual abuse. The unanimous court held that because the memory recovery techniques used by plaintiff's therapist have not been proven to be scientifically reliable, repressed memory testimony should not have been heard by the jury. All expert testimony regarding repressed memories and all testimony of the plaintiff derived from the unproven therapy techniques in this case were held to be inadmissible. In other repressed memory cases, the justices held, such testimony should undergo strict scrutiny as for any new scientific method.

The case was brought by Cherese Franklin, then 36, who says that she did not begin to "recall" previously "repressed" memories of sexual abuse until she entered therapy after experiencing panic attacks and hearing hallucinatory voices telling her to kill her infant daughter. Her therapy included relaxation techniques such as deep breathing and visualization techniques such as "communicating" with her "inner child." The court described one such technique – writing personal questions with her right hand and allowing her "inner child" to answer with her left – that was associated with the development of Franklin's "recovered memories." The Supreme Court said that the "memories" that emerged included "particularly heinous, traumatic acts" that supposedly occurred when she was between ages 5 and 12. Franklin first thought her father might have been the abuser, but later decided it was a cousin.

Franklin sued her cousin Stevenson, 44, in early 1994, and two years later a jury awarded her \$750,000 for physical and emotional damages. Immediately after the jury verdict, the trial judge entered a Judgment Notwithstanding the Verdict (JNOV) in the defendant's favor.^[1] After hearing the trial testimony, the trial judge concluded that the therapy techniques that led to Franklin's "memories" were hypnosis-

like and were, therefore, inadmissible in Utah courts.

The Utah Supreme Court held that the trial court had erred by 1) using an "abridged record" of the trial to overturn the jury verdict on JNOV, and by 2) equating the therapy techniques with hypnosis. Nevertheless, the justices found other strong reasons to overturn the jury verdict that had been entered in favor of the plaintiff.

In Franklin, the Utah Supreme Court expanded on one of its earlier rulings. Utah was among the first state supreme courts to decide a repressed memory case and one of the first to recognize that the reliability of repressed memory claims must be considered. In 1993, the court had held that "because of the dearth of empirical scientific evidence regarding the authenticity and reliability of revived memories, the inherent reliability and admissibility of expert witness testimony regarding memory repression and revival may be an issue that will have to be reached at trial."^[2] The Franklin court found that repressed memories have not been proven to be reliable during the intervening years, "Neither the record nor our research indicate that these techniques enjoy a general acceptance within the field... In fact, our research suggests that the idea of memory repression itself, let alone the methods of recovery, is a point of disagreement within the medical, psychiatric, and psychological communities."

The court reaffirmed that the trial judge is to serve as a "gatekeeper" and make sure that all testimony based on new scientific evidence is reliable. It is up to the proponent of the scientific evidence to convince the trial court that the principles or techniques underlying the proffered testimony meet the standard of inherent reliability. The court held that in the absence of such an initial showing, the evidence is to be excluded.

The Utah Supreme Court emphasized that under certain circumstances the lay witness' testimony may be called into question. For example, if the testimony of a witness has been tainted by inadmissible evidence such as hypnosis, then that person's testimony is inadmissible in Utah courts.

The court compared the influence of hypnosis on memory with the influence of the memory recovery techniques in Franklin. The court noted that in one Utah case, State v. Tuttle, 780 P.2d 1203 (Utah, 1989), the hypnotized witness at least had a basic memory of the information intact prior to hypnosis. This is not the case with Franklin, "Franklin's entire memory of the events owes its exis-

Memory Recovery Techniques and Theory of Repression Found Unreliable

"[B]ecause the scientific reliability of the foundations on which these so-called 'relaxation techniques' are based was not established, the testimony based on memories recovered through use of those techniques is thereby tainted."

"In fact, our research suggests that the idea of memory repression itself, let alone the methods of recovery, is a point of disagreement within the medical, psychiatric, and psychological communities."

Utah Supreme Court, Franklin v. Stevenson, June 18, 1999

tence to the intervention and use of [the therapist's] therapeutic methodology. . . Accordingly this testimony is tainted by the unreliability of the recovery methods used, and is therefore inadmissible." (emphasis added)

The court determined that the reliability of the therapeutic techniques clearly had not been established in this case (see Sidebar), but the court did not hold as a matter of law that the techniques are conclusively unreliable in all cases. Therefore, the court instructed trial courts to "contin-

Memory Recovery Techniques

In discussing the reliability of the repressed memory testimony, the Utah Supreme Court noted that both of the plaintiff's expert witnesses conceded at trial that the memory recovery techniques used with the plaintiff lacked scientific foundation. The court quoted from the cross-examination of Dr. Bessel van der Kolk, one of the plaintiff's expert witnesses:

Q. Is there any scientific literature, any studies that you are aware of that have been done that show that asking a question with one hand and answering the question with the non-dominant hand is a mechanism by which you can recover an accurate memory of the past? Are there studies?

A. It's interesting that you ask the question, actually, because this great Frenchman who knew more about trauma than anybody else, Pierre Janet...in 1889 in his book...actually wrote about that very phenomenon.

Q. Did his study deal with the issue of validating the accuracy of the recovered memory, Doctor?

A. No, he didn't.

Q. Thank you. And are you aware of a single study as of 1996 that has validated this as a reliable technique for recovering memory, Doctor?

A. Not to my knowledge.

Q. Thank you.

The Utah Supreme Court noted that on re-direct, plaintiff focused on the scientific acceptability of repressed memory itself and did not address the techniques used to recover the memories or the reliability of such techniques. Similarly, on cross-examination, Franklin's own therapist admitted that she knew of no scientific studies to suggest that if one wrote a question using one's dominant hand and then answered the question with the other hand that what was written would be the truth. She did, however, offer that this procedure is a "common clinical technique." Because "neither witness could testify regarding any testing or corroboration of the techniques [the therapist] employed, let alone the acceptance or review of those techniques by their peers," the court found that the witness' testimony did not "evoke confidence in the reliability of the scientific evidence."

ue to explore this issue in individual cases and determine the reliability—or lack of reliability—of such techniques when counsel has made a proper objection to such evidence."

The court suggested that the trial court could have held a pretrial hearing or could have ruled the testimony inadmissible during the course of the trial: "The trial court erred in not finding the plaintiff's experts' testimonies inadmissible" especially when it was faced with a series of defense motions to exclude the experts' testimonies regarding both the theory of repressed memory and Franklin's memories in particular, as well as the admission of any evidence or testimony derived from the recovered memories.

The court concluded: "This is not a case where, if the evidence had been ruled inadmissible during the course of the trial, the plaintiff could have produced new admissible evidence. . . While no formal evidentiary hearing was held, the trial court accorded Franklin every opportunity during the trial to lay this foundation and address this issue. In the end, the trial court should have found the evidence inadmissible..."

In addition, the court held that "It would be a waste of judicial resources to remand the case to the trial court for a ruling on Stevenson's motion for a new trial. . . Nothing would be gained by such a remand. . . Based on [the testimony of plaintiff's own experts], it is improbable that the trial court would be persuaded of the reliability of any new evidence which Franklin could offer."

1 See FMSF Newsletter, Jan. 1997, Franklin v. Stevenson, Third Jud. Dist. Ct., Salt Lake Co., Utah, No. 94-0901779PI, JNOV dated 12/6/96.

2 Olsen v. Hooley, 865 P.2d 1345, 1349-50 (Utah, 1993). Emphasis supplied by Franklin.



Wisconsin Supreme Court Imposes Liability on Therapist for Injury to Falsely Accused Parents

Sawyer v. Midelfort, 1999 Wisc. LEXIS 86, June 29, 1999.

The Wisconsin Supreme Court held that two therapists can be held liable for the injury caused by false allegations of sexual abuse that developed during negligent therapy practices. The court held that all of the third-party claims were properly stated and none should have been dismissed. The court emphasized that the parents could sue their daughter's therapist for injuries caused directly by the false allegations, but not for the "loss of society and companionship" of their daughter. Under Wisconsin law, the court held, the accused person needn't have been a patient in order to sue, nor must the third-party be related to the accuser.

In 1996, the Sawyers sued their adult daughter's psychiatrist H. Berit Midelfort and therapist Celia Lausted for negligent diagnosis and treatment that caused their daughter to develop false memories of sexual abuse by her father and various other family members and acquaintances. The

daughter, who had changed her name to Anneatra to make it more difficult for her parents to find her, confronted her parents with the allegations of sexual abuse and filed a lawsuit against them (but did not pursue it). Anneatra and her parents did not speak again. After Anneatra's death in 1995, her mother was appointed administrator of the estate. Mrs. Sawyer was then able to obtain copies of Anneatra's treatment records, and after reading them, claims to have first discovered the role of the therapists in her daughter's alleged recovery of false memories.

In March 1998, a Wisconsin appellate court had revived a portion of the parents' malpractice suit. The Wisconsin Supreme Court quoted from the appellate decision and also from several other courts which have upheld the right of accused third parties to sue for injury caused by negligent practice involving memory recovery techniques.⁽¹⁾

The Wisconsin Supreme Court agreed with the appellate court that the Sawyer's claim is not barred by the statute of limitations. "While the Sawyers knew that they were injured, it is possible as they suggest that they did not know until following Anneatra's death that their injury was caused by Lausted's conduct. As the court of appeals noted in its decision, the Sawyers have suggested a number of possible causes of their injuries apart from Lausted's negligence, including: 'psychiatric illness, Anneatra's involvement in survivor groups, ill will or spite, or the reading of popular literature on childhood sexual abuse.'" The Wisconsin Supreme Court continued, "Should any one of these alternate, and plausible, reasons for Anneatra's accusations be responsible for their injuries, the Sawyers would not have been wronged and therefore would not have had a claim against anyone. It was only upon discovering that Lausted was using repressed-memory therapy that they determined that their injury was the result of the negligent act of another. Whether a reasonable person in the Sawyer's position would have done more to discover that their injuries could be attributed to Lausted's negligence is a factual question best left to the fact-finder."

The Wisconsin Supreme Court rightly observed that these cases turn on whether public-policy considerations should bar a third-party claim. Both parties provided detailed public policy analyses of the question. After a careful review of public-policy issues, which are summarized here, the court concluded, "In sum, we find that none of the public policy considerations identified by the defendants should preclude the imposition of liability in this case."

The court concluded that the injury to the Sawyers was direct and foreseeable, "the Sawyers' recovery is predicated upon the direct injury they themselves suffered as a result of the defendants' negligence which was responsible for their daughter's accusations that they were abusive. The harm arising from the loss of a daughters' companionship is dif-

ferent than the harm that arises from accusations of sexual assault... We do not believe that the alleged injuries are too wholly out of proportion to the culpability of the negligent tortfeasor."

"[T]he Sawyers' injuries stem directly from their daughter's accusations that they abused her, and the accusations stem from the defendants' negligent treatment that implanted or reinforced in Anneatra her false memories of sexual abuse."

"We are quite confident that negligent treatment which encourages false accusations of sexual abuse is highly culpable for the resulting injury."

"The harms the Sawyers have alleged are the ordinary and predictable injuries one might expect following negligent therapy which implants and reinforces false memories of sexual abuse at the hands of family members which results in accusations of that abuse."

Wisconsin Supreme Court, *Sawyer v. Midelfort*, noting that the injury to persons falsely accused of sexual abuse is direct and foreseeable.

The defendants conceded as much and even courts which have declined to impose liability in similar cases have acknowledged that the harm to a parent accused of sexual abuse is foreseeable.⁽²⁾ The New Hampshire Supreme Court observed that "[I]t is indisputable that 'being labeled a child abuser (is) one of the most loathsome labels in society' and most often results in grave physical, emotional, professional, and personal ramifications."⁽³⁾

The defendants argued that holding therapists liable to third parties would create an unreasonably large number of possible lawsuits and that therapists would have to be concerned about possible lawsuits, rather than focusing on their patient. The court disagreed. If the Sawyers' claim had been injurious to the family relationship, the court said, there could be an unknown number of potential claimants. The Sawyers, however, did not tie their claim of an injury to their personal relationship, but rather to the direct effect of the accusations of abuse. "Under the Sawyers' theory of the case, therapists may be held liable only to those who are wrongly accused by a patient of sexually abusing that patient," the court wrote. "Further, we doubt that there is a significant possibility of fraud when a claim is based upon accusations of abuse, particularly in light of the extraordinary stigma our society places upon those accused of sexually abusing a child. We find that it is too unlikely that a claim premised upon being falsely accused of sexual abuse will be brought by someone who has not, in fact, been so accused... Their claims are appropriately limited to those who are harmed by the accusations of sexual abuse arising from false and reinforced memories arising from negligent therapies. So limited, the claim has a sensible and just stopping point." □

The dissent decried the fact that the majority did not limit allowable third-party claims to accused parents. Without that limitation, according to the dissent, the number of potential claims could grow too large. In the case of Anneatra, her brother, her uncle, her grandfather, her aunt, her cousins, and two priests could also bring a claim of false allegations. It is not clear that the dissent considered whether a competent therapist should at least question the validity of newly discovered "memories" of horrifying abuse by dozens of people for which there is no reliable evidence.

The court next considered the defense argument that a therapist who is held liable to third parties may be forced to 1) cease treating patients who believe they may have been sexually abused, or 2) refrain from using new untested forms of therapy, or 3) deviate from the treatment the therapist would normally provide. The defense said that this could harm the patient's well-being. The Wisconsin Supreme Court noted that some of the courts rejecting third-party claims have recognized these concerns.¹⁴¹ However, the Wisconsin court was "not convinced that therapists will be limited in their treatment choices by virtue of being subject to third-party professional negligence claims." It quoted the New Hampshire Supreme Court, which wrote that the defendants' public policy concerns "overlook the fact that the standard of care by which a therapist's conduct is measured is not heightened [by a third-party cause of action]."¹⁵¹ The cause of action "imposes 'no more than what a therapist is already bound to provide—a competent and carefully considered professional judgement.'"¹⁶¹

Defendants also argued that because the patient holds the privilege of confidentiality, the defendants in third-party actions may not be able to successfully defend themselves without breaching their duty of confidentiality to their patient. The court said that the problem of confidentiality is not a problem in this case, though "[p]erhaps problems of confidentiality would preclude liability from being imposed in a future case."

The court also rejected defense concerns that allowing third-party claims would place an unreasonable burden on the therapist. The justices wrote that the "complexity" of the treatment cannot excuse negligent actions, and "we do not believe that a therapist should be relieved from liability when his or her treatment is negligent simply because the problem he or she is treating is complex." "The therapist is in the best position to avoid harm to the accused parent and is solely responsible for treatment procedure." (quoting *Hungerford* at 482.)

1 Other courts quoted by the court and holding that a duty is owed to falsely accused third parties include: *Hungerford v. Jones*, 722 A.2d 478 (N.H., 1998); *Althaus v. Cohen*, 710 A.2d 1147 (Pa. Super.Ct., 1998), appeal pending. See FMSF Newsletters, Feb. 1999, May 1998.

2 Citing *Bird v. W.C.W.*, 868 S.W.2d 767 (Tex., 1994).

3 *Hungerford v. Jones*, 722 A.2d 478 (N.H., 1998) holding that a therapist owed a duty to a parent falsely accused of sexual abuse due to the therapist's allegedly negligent treatment.

4 See, e.g., *Flanders v. Cooper*, 706 A.2d 589 (Maine, 1998) and *Doe v. McKay*, 700 N.E.2d 1018 (Ill., 1998).

5 *Hungerford* at 481-82.

6 *Hungerford* at 482, citing *Althaus v. Cohen*, 710 A.2d 1147, 1157 (Pa. Super.Ct., 1998).

"[A]n accused parent should have the right to reasonably expect that a determination of sexual abuse, 'touching him or her as profoundly as it will, will be carefully made.'"

Wisconsin Supreme Court, *Sawyer v. Midelfort*, citing *Hungerford v. Jones* and *Caryl S. v. Child and Adolescent Treatment*.

Third-Party Lawsuit Settled

In May 1999, the malpractice claim brought by Joel Hungerford against his adult daughter's therapist Susan Jones was settled for the \$200,000 policy limit of Jones' malpractice coverage. In December 1998, the New Hampshire Supreme Court had held that a therapist owes a duty of care to the accused person when the therapist diagnoses and treats an adult patient for sexual abuse.¹¹¹

1 See FMSF Newsletter Feb. 1999. *Hungerford v. Jones*, 722 A.2d 478 (NH, 1998)

Jury Awards Patient \$200,000 in False-Memory Case *Simpson v. Litwin*, Santa Clara Superior Ct., Calif, No. CV751051.¹¹¹

On June 23, a California jury awarded a woman over \$204,000 in civil damages from the therapist she accused of brainwashing her with false memories. Leah Simpson filed the lawsuit in 1995 against therapist Roger Litwin. She began seeing Litwin in 1986, when she was in her early 20's. He "treated" her for a supposed MPD (dissociative identity disorder) condition and she became convinced that she had been raped by members of a satanic cult and forced to murder and dismember a baby. She said that for years she was plagued with false memories of torture and rape and became suicidally depressed, before realizing that what she thought were long-repressed memories were untrue.

At trial, jurors learned that an investigation by an insurance carrier concluded that the patient's diagnosis of dissociative identity disorder was iatrogenically created. Simpson's lawyer, Peter Firpo, told jurors that Litwin had violated standards of care because he ignored literature in the field that cast doubt on multiple personality disorders and on memories of satanic ritual abuse. Litwin's attorney, Sharon Hightower, maintained that there was no proof that Simpson's memories were implanted. She told jurors that Simpson's suffering was caused by the "natural process of her own mental disorders." The jury held Simpson to be 35% at fault for what happened to her, so she will receive 65% of the actual award of approximately \$314,000.

1. See FMSF Brief Bank #239.

Minnesota Board Restricts License of Therapist Providing Therapy for Satanic Ritual Abuse

In the Matter of Renee Fredrickson, Ph.D., L.P., Before the
Minnesota Board of Psychology, License No. LP2653.⁽¹⁾

On May 7, 1999, the Minnesota Board of Psychology (Board) concluded its investigation of psychologist Renee Fredrickson⁽²⁾ and issued a 31-page Order that permanently restricted Fredrickson from providing therapy that involves issues of cult, ritual, or satanic abuse. Fredrickson is also restricted from providing hypnosis or guided imagery services to clients, except under supervision, until she can demonstrate that she is competent to provide those psychological services. The Board imposed additional requirements including completion of a psychological evaluation and course work on maintaining professional boundaries and in clinical record-keeping. Fredrickson is to complete a professional responsibility examination and pay a civil penalty of \$15,000. She must petition the Board to terminate the suspension after completing the conditions imposed in the disciplinary action.

The Board summarized the treatment Fredrickson provided from 1987 to 1996 to three of her patients who began to develop images of ritual satanic abuse, torture, murder, or childhood sexual abuse during the course of therapy. According to the Board, the treatment included hypnosis, visualization exercises, having the patient write with her left hand, and suggesting that the patient write to her "inner child." The Order states that although the patients expressed skepticism regarding the purported recovered memories, Fredrickson encouraged them to believe in the images they were experiencing and continually reinforced the patients' beliefs that their memories of involvement in a ritualistic cult were plausible. According to the Board, Fredrickson failed to inform her patients adequately that "hypnosis can sometimes result in very vivid memories which are false but which are still believed" or to warn them of the risks of the techniques she was using.

The Board's Stipulation and Order also provided evidence that Fredrickson had been "providing psychological services to clients when [her] objectivity and effectiveness were impaired." The Board cited numerous complaints Fredrickson made to the police about unknown cult members who were supposedly stalking her as evidence of "possible mental dysfunction." The Board also found evidence of failure to maintain boundaries, obtain written informed consent to share private client information, keep adequate records, and also for engaging in unprofessional conduct.

¹ See FMSF Brief Bank #236.

² Fredrickson is author of the 1992 book, Repressed Memories: A Guide to Recovery from Sexual Abuse.

Bennett Braun Trial Scheduled to Begin in November

A hearing in the case filed by the Illinois Department of Professional Regulation against prominent psychiatrist Bennett Braun is scheduled to begin November 16 before an administrative law judge. According to the *Daily Herald* (6/10/99), one of Braun's colleagues, Dr. Elva Poznanski, agreed to testify against Dr. Braun and Roberta Sachs, another doctor at Rush Presbyterian Hospital in Chicago. In a deal worked out with the State in June, Poznanski, who originally had been named in the disciplinary action, agreed to resign as head of the child psychiatry section at Rush.

Dr. Braun is suing his former attorney and various insurance companies. He claims that his career was ruined in 1997 when they settled a widely publicized malpractice suit against him without his consent. The lawsuit brought by Patricia Burgus and her two children was settled out of court for \$10.6 million, with \$4.75 million of that amount assessed to Braun.⁽¹⁾ In the settlement agreement, the defendant hospital and psychiatrists did not admit negligence. Braun, 58, says the settlement cost him his hospital affiliation and made malpractice insurance prohibitively expensive. He says the resultant publicity has scared off patients from his practice. Braun also faces other malpractice suits and the Illinois Department of Professional Regulation's investigation that may result in termination of his medical license.

¹ Patricia Burgus was diagnosed by Dr. Braun in 1986 as suffering from MPD. Eventually she was told she possessed 300 personalities, the result of purported childhood traumas. Her two young sons, ages 4 and 6, were placed in a psychiatric ward for three years under Poznanski's care during the period she was still convinced that Braun's diagnosis was correct.

Doggett Civil-Rights Case to Continue Against Wenatchee Defendants

Schneider, A. (June 21, 1999), *Seattle Post-Intelligencer*

Sarah Doggett, one of the 60 Wenatchee children supposedly sexually abused in the mid-1990's, has won the right to sue authorities for allegedly kidnapping her and forcing her into an Idaho mental hospital.⁽¹⁾ Doggett, now 20, says her civil rights were violated when she was "forcibly removed" from a foster home at age 16. She was repeatedly interviewed by former Wenatchee police detective Robert Perez, but continued to insist that her parents had never sexually abused any of their children. According to the Complaint filed in February 1998, after her denials of having been abused, she was restrained, involuntarily transported to Idaho, and forced to undergo treatment at a psychiatric hospital there.

Doggett's King County Superior Court (WA) case was dismissed earlier this year when Sarah, who had no attorney, did not respond to court papers. Subsequently, Seattle lawyers Ronald Meltzer, Mike Rosen and Lynne Wilson

agreed to take her case and had it reinstated. The defendants include the state Department of Social and Health Services, the city of Wenatchee, and former detective Perez.

1 Sarah is the eldest of Mark and Carol Doggett's five children. Her parents were swept up in the 1994-1995 Wenatchee child sex abuse cases in which 43 adults were accused of nearly 30,000 counts of rape and molestation involving 60 children. Sarah's parents were each accused of 1,000 counts of child sexual abuse. They were convicted of one count each of child rape and were sentenced to nearly 11 years in prison. In June 1998, the Doggetts were released from prison after an appellate court ruled the state failed to introduce evidence supporting the reliability of accusations made by one of their children.



California Appellate Court Upholds Jury Verdict in Repressed-Memory Case

Wilson v. Phillips, 1999 Cal. App. LEXIS 634, June 30, 1999.

In June 1999, a California appellate court affirmed a jury finding in favor of two step-sisters who alleged that their father had sexually molested them as children. The court also held that plaintiffs' expert testimony was not subject to *Kelly-Frye*,¹¹ and was therefore properly admitted.

In doing so, the court characterized the expert testimony as "little more than run-of-the-mill expert medical opinion" based on personal evaluations of the plaintiffs. In fact, plaintiffs' expert Dr. Diana Elliot testified that psychological testing concerning repressed memories is not helpful (RT 2644:14) and explained that "My role is to evaluate the consistency of what I'm seeing." (RT 2531:4-14). Elliott also testified that after 7 hours of interviews with the plaintiffs she had observed a wide range of psychological difficulties in the plaintiffs and said these were consistent with someone who had been sexually abused. (RT 2504:13-2507:4, 2516:17-2517:2) The defense did not offer any experts to refute Dr. Elliot's testimony or to point out that no set of psychological symptoms or behavioral traits has been shown to be proof of past sexual abuse.

The defense had objected to Elliott's testimony on the grounds that she had no experience in studying the accuracy of facts contained in repressed memories. The defense also pointed out that Elliott had admitted that there are respected members of the mental health community who disagree with her views. The trial court denied the defense request to hold a *Kelly-Frye* hearing to determine whether the theory of repressed memory is generally accepted in the scientific community, but said that the defense could cross-examine Elliott or call experts of their own. Apparently the appellate court felt that those safeguards were sufficient to avoid "blindsiding" the jury.

The court's discussion of scientific findings was surprisingly narrow. The court held that only expert testimony based on "a new scientific technique" or "novel devices or processes" requires proof of reliability and is subject to the *Kelly-Frye* test. It said that scientific evidence or technology, but not conclusions in the field of psychology, is foreign

to jurors' everyday experience. The court also suggested that many laypersons ascribe an "aura of infallibility" to evidence from a mechanism, instrument, or procedure, but are likely to be naturally skeptical of opinion testimony.

Many legal observers have questioned the quality of some psychiatric testimony—particularly evidence regarding repressed memories. Precisely because such testimony is capable of misleading a jury, courts in other jurisdictions have applied the *Frye* or *Daubert* standards to recovered memory testimony and have found it lacking.

1 The *Kelly-Frye* rule refers to the California case, *People v. Kelly*, 17 Cal.3d 24 (1976), that clearly outlined the application of *Frye v. United States*, 293 F.1013 (D.C. Cir., 1923) to the question of the reliability of novel testimony.



Colorado Appeals Court Upholds Dismissal of Lawsuit *Ayon v. Gourley*, 1999 U.S. App. LEXIS 14199, June 25, 1999.

The U.S. Tenth Circuit Court affirmed dismissal of a lawsuit accusing a Denver priest of sexual assault, holding that his accuser waited too long to file the complaint. The facts of the case generated much attention in the state. Thirty independent religious organizations submitted an amicus curiae brief on behalf of the defendant.

The suit, brought in 1997 by John Dean Ayon, 32, against Rev. Marshall Gourley, alleged sexual assault from 1981 to 1984 when Ayon was a teenager who sought counseling from the priest. In amended complaints, Ayon alleged an additional incident in 1993, four years before filing. He subsequently alleged that the abuse continued from the 1980's through 1993. Ayon did not claim he had repressed his memories, instead he contended that awareness of his injury came to him in 1997 after he began treatment with a psychotherapist. Rev. Gourley denied the accusations.

The trial court held that Ayon, a graduate of Harvard Law School and now a practicing attorney, should have known in the 1980's that he had been injured by the alleged sexual assaults. The deadline for filing such a lawsuit depends on when the victim became aware of any injuries. The trial court said that "the idea that a person of plaintiff's background and education could be aware of such events and his own troubled psychological state and not tie them together is inconceivable as a matter of law." The Tenth Circuit questioned "plaintiff's inability to explain why he waited three months before seeking to add facts known to him at the time he filed his initial complaint" and found "evidence of bad faith." The court said that plaintiff's acknowledgments show that he knew the wrongfulness of the alleged abuse. As such, the court concluded that "a reasonable plaintiff of nineteen [would] have known the wrongfulness of the acts."

1. The Tenth Circuit also refused to reconsider a 1991 Colorado appellate case, *Cassidy v. Smith*, 817 P.2d 555 (Colo. App., 1991), noting that "plaintiff provides no authority that would call Cassidy into question."



Psychotherapy

The Newsletter for June 1999 (Vol.8, No.4) contains a book review that is troublesome. The review is of a book, *Madness on the Couch: Blaming the Victim in the Heyday of Psychoanalysis* by Edward Dolnick and the reviewer was Robert McKelvey. By publishing the review without editorial comment, it may appear to readers that FMSF endorses the ideas of Dolnick and the comments of McKelvey without reservation.

While Freud-bashing is now a popular sport, that is not what really concerns me. What does concern me are Dolnick's statements that amount to an attack on psychotherapy. "Today most psychiatrists believe mental illnesses are caused by biological factors, not emotional ones. Once again, nature reigns over nurture." This is a gross oversimplification of complex phenomena, and would imply that there is no place for "talk therapy" (psychotherapy). Every psychological event with accompanying emotions such as fear, guilt, hope, joy has a neurosubstrate and biological events at the molecular level may have cognitive, emotional or behavioral consequences. To dichotomize between biology and psychology, between nature and nurture leads to a serious misunderstanding of human thoughts, feelings and behavior, and to a serious misunderstanding of therapy for mental disorders. Emotional illness has psychological and biological facets. Causation is not linear; it is circular.

In his attempt to express the dangers of "repressed memory theory," the reviewer of the book makes it look as if those who are opposed to recovered memory therapy are opposed also to all of psychotherapy, opposed to "talk therapists." It is important to differentiate between psychotherapy abuses

such as recovered-memory therapy and good and effective psychotherapy that can be carried out without recourse to the special techniques of aggressively going after alleged events from one's past. (See, for example, "Psychotherapy without Repressed Memory: A Parsimonious Alternative Based on Contemporary Memory Research" by George A. Bonanno and David J. Keuler in *Truth in Memory*, edited by Steven Jay Lynne and Kevin M. McConkey, New York, Guilford, 1998, pages 437-463). To use an old cliché, we must be careful not to throw the baby out with the dirty bath water.

Harold I. Lief, M.D.
FMSF Advisory Board



The Problem is Not Over

I am concerned with recent newsletters expressing the notion that everything is better now. Let me assure you that the FMSF is still important and the work is necessary. We lost two of our daughters to this lunatic therapy just last year.

The Jan/Feb newsletter started "No one called in tears." You may be correct that no one called, but that doesn't mean there weren't thousands in tears. We certainly were, as it was our first Christmas without our entire family. In the March newsletter, "The FMS problem no longer seems a crisis" may be true, but only to those who aren't dealing with it every day. There are still therapists creating crises with recovered-memory therapy. The April/May newsletter mentioned that the New Zealand FMS Group was disbanding and I was saddened even though I have no connection to NZ.

I believe the reason for fewer calls is due to the work you have done in making people aware of the FMS problem and the many books, videos, etc that are now available. Please continue and you will always have our support. Thank you!

A Mom and Dad



A Returner via E-mail

After almost 8 years, our family's travail might be coming to a happy ending. Our daughter sent me an E-mail greeting card last Thanksgiving, and we have been E-mailing each other ever since, but avoiding the subject of R.M.T. Then, this past April, she sent me a beautiful poem on friendship and wrote: "This poem about friendship is meant for a friend but since I always considered you my best friend, I thought I'd forward it to you. If this surprises you, let me know and I will explain further."

I felt that she was trying to open a door again, so I answered her with a short note, thanking her for the poem and adding: "Not only did your statement surprise me, but I was baffled by it. Yes, please explain."

I received a return letter from her which basically was talking about all the things we used to do together and how she felt we were best friends and even though we had our differences in the past 7 years, she had learned that she sees things her way and we see things our way and that's O.K. In other words, we could agree to disagree! She also added that if we couldn't see the positive in our relationship and get past the negative, then we'd have to go back to the way things used to be, which was not to communicate on AOL anymore. My husband and I could not believe what we were reading. To us, it seemed like an ultimatum: we either forget everything that happened, pick up where we left off without any kind of apologies or accountability for what she had done, or else stop communicating.

In just about every FMSF newsletter we have been receiving in the past year or so, there are letters from parents that accept this kind of "returner" without any retraction from their adult child. This might be OK for some parents, but we have never agreed with this. Even the prodigal son in the Bible had some remorse and I have always

believed that God will forgive you for your sins, yes, but only if you are repentant.

My husband and I both answered her and let her know that we both still loved her but her accusations were quite a bit more than a simple disagreement. I let her know how much hurt she had caused us and how a best friend doesn't do what she had done. I ended the letter by saying: "For any kind of a relationship to work, there has to be some honesty and trust as its main components. I don't feel that we have that right now but with time, I think it could be restored. It is really up to you." We didn't know how she would respond and if she would get upset to the point of stopping our E-mail communications but we had to be honest. To us there is no other way.

We were pleasantly surprised that she continued communicating and 2 weeks after we sent our letters, she wrote to tell us that she wasn't trying to ignore our letters but a lot was happening in her life at the time and she would answer us soon. This was 6 weeks ago and just this past Thursday, she E-mailed us a beautiful card again and promised that she would write soon. She also told us that she wanted to get this resolved, that she had never stopped loving us and how much she missed us. She said she was confused about a lot of things and also had a lot of questions.

We are waiting for her letter to see where the confusion is and what her questions are. I really believe that there is a lot of hope now.

FMSF Parent



Top Ten Reasons for Seniors to "Get Connected"

Many senior citizens (which includes most of us falsely-accused) do not yet think of themselves as potential PC users. Pam Freyd and I talked one day about a common dream that more of our members should be "connected

to the Internet." She asked me to put together an article explaining why this is something more of you should think about doing. Here goes!

1. Seeing Is Believing—As we get older, many functions are not as agile. Sometimes our handwriting becomes illegible. A PC-written letter can resolve that for us and be not only legible but in large print for our failing eyesight. When we receive an e-mail or other online article, we can enlarge and print it for ease in reading at a time when the computer is off. In fact, Peter Freyd sends this newsletter electronically to all who desire it. If you got this newsletter on your PC, you could easily view it in large print on the screen or print it out in even larger print.

2. The Hand Is Quicker than the Eye (or Ear)—My Mom had a stroke and was totally unable to shuffle a deck of cards to play her favorite game—solitaire. I introduced her to the PC version of solitaire—she not only learned and enjoyed playing it again, she also learned how to use the mouse and eventually was able to get around on the computer at her own pace. (Solitaire is probably the best tool and a fun and easy way to get comfortable with the mouse and the computer.)

OK, you say, "I can't use my fingers very well" or "I never learned to type." That does not leave you out of the computer world. Most computers today come with speakers and/or microphones. You can hear what's going on right from the computer directly through your speakers. When you want to respond to an e-mail you received, you can correspond orally thru your microphone and send the sound file. Some computer programs take the sound of your voice and translate it into written words.

3. Write When the Idea Hits You—I frequently wake at 2:00 in the morning with a "light bulb" idea. It's wonderful to go on my computer and pound out my thoughts while they are

still fresh and send them immediately. The phone doesn't ring at the other end so I'm not disturbing someone in the middle of the night. They might wake at 4:00 a.m. and go online and hear "You've Got Mail!," read what I just wrote them, quickly send a message back to me, or pass that same information on to all the people they want to with just a few keystrokes. (Remember, this my dream so, of course my ideas are so great you'll want to send them out to everyone!.)

4. Open the World Without Opening Your Door—Learn what's going on out in the world without leaving your home. Read all news online. Many newspapers are available online. You can sign up to get information on the specific subjects you are interested in, including what's happening with other FMS families. Updates on those particular subjects can pop up immediately when you sign on.

5. Keep in Touch (or get in touch) with your family. It's a safe bet that most of your children (accusing or not) are computer literate and would be able to quickly correspond with you through e-mail. Those still in touch with you may live far away, but when their baby arrives, they can immediately send you a picture of your new grandchild and you can send an online greeting card back immediately. You can bring up that list of all your buddies at the senior center and proudly e-mail that same picture.

Your accusing children are probably online. Sometimes, you can find their e-mail addresses or a sibling may know it and be able to forward your e-mails to them without even revealing their online address to you. This might help to establish communication in a non-threatening environment and allow the non-accusing sibling to help without violating the promises they may have been forced to make with the accusing sibling.

What you write on the PC can be reviewed by you before you send it

out. Other FMS parents, siblings, or recanters can give you perspective on how it might be received by your accusing child. That gives you the opportunity to think your thoughts through, hear other viewpoints on its impact and finally send a comprehensive, well-thought-out communication.

6. Save Money—You can save money on your phone bill by e-mailing instead of phoning. You can write a few words to a thousand page letter and send it by e-mail to anywhere in the world at virtually the same cost. Although you will pay local phone costs while you are connected online, you can do most of your typing offline and send in just seconds. The same is true for reading your mail.

Many computers now come with software that allows you to use your computer as an answering machine. If so, you can discontinue the cost of voice mail and save that money for your online costs.

Many computer websites offer great opportunities to go shopping online and get some real bargains at online shopping malls, auction sites, etc. Pay all your bills thru your computer and save the postage stamps. Every day, new possibilities emerge.

7. Get the Computer for Next to Nothing—Yes, and I don't sell swamp-land in another life, but I can let you know about a deal or two—a) many senior centers and/or libraries have online computers available for your use, particularly during the daytime hours when the younger people are not making demands on their access; b) used computers are available for low costs (but just make sure they are Y2K compatible); c) funds are available from government and charitable organizations to provide computers for those with disabilities; and d) a recent article in the Wall Street Journal stated, "America Online and Prodigy communications are about to make consumers an offer they may find hard to refuse: Sign up for Internet access and get a

personal computer free. AOL is teaming with eMachines, Inc., an Irvine California Manufacturer of low-cost PCs. Their plan is, in effect to give away computers to anyone who signs up for CompuServe service. AOL will pay a \$400 rebate to consumers who buy selected eMachines models—including one priced at \$399, making the machine effectively free. Executives at Prodigy, an AOL rival, say it will announce a similar offer." "To receive the AOL rebate, a consumer might sign up for three years of unlimited Internet access from CompuServe at \$21.95 per month that works out to \$790.20 over the three-year agreement."

8. Fight Fire with Fire—You know that the "other side" (the young and the restless) are very much connected. Many of us who have been online have checked out the many internet sites that we know were the source of our children's misled views. We are even able to go online and express our views through chat rooms. The FMS Foundation, Illinois FMS Society and many other state organizations have or are developing "websites," places where you can read about the latest information and keep up-to-date on what is happening. Once you know what's going on, you can easily become an activist in the movement again without even leaving your home.

You can keep up to date on the legislative proposals made by other FMS proponents or made by those opposing us. Once you know what's being proposed, you have the immediate capability of expressing your viewpoint on it directly thru e-mail to your legislators, newspapers and to others you want to encourage to support your views about such legislation.

9. Have Fun!!!—Learning and using the computer can be great fun. If you're retired, it gives you a real connection with many other retirees, with the world in general and becomes a great hobby. You can do genealogy

research, correspond with people you already know or meet new people in Chat Rooms, play games online, the choices are endless. I'm frequently pounding my keyboard with messages for my grandchildren to read. I now know their e-mail addresses and can correspond with them without parental interference. They think that makes Grandma pretty cool.

10. Empowerment—Last, but not least, having such a powerful tool available in your home gives you a feeling of growth and self-sufficiency. You can communicate with the world, the small world of your immediate family as well as the world wide web. You can write that letter to the editor or make a contribution to the FMSF newsletter. Don't get fooled by the adage you can't teach an old dog new tricks. There are computer groups for seniors popping up all over at senior centers, libraries, etc. It is one of the fastest growing segments of computer purchasers.

Of course, you can tell I am "hooked" on computers. I'm just waiting for the appropriate hardware and software that will help me dust my furniture, vacuum my floors, cook my meals, etc. (Oops, there I go dreaming again)

I sure hope I've convinced some of you take a to look at the possibilities a PC connection can give you. If (or perhaps I should say, when) you do get online, drop me a note at eileenls@aol.com. I'll be delighted to hear from you.

Pretty Cool Grandmother

"Mental disorders come and go with bewildering frequency. 'Multiple personality disorder' was all the rage in the early 1980s; there's now much doubt that it even exists. There's good reason to believe that some disorders are defined more to satisfy pressure groups than to clarify clinical practice"

Boston Herald, June 13, 1999, Editorial

Annual Meeting of Illinois FMS Society
Reuniting Families: Success, Failure, the Future

Sunday October 3, 1999

9:00 AM to 5:30 PM

6:00 PM "Dutch" dinner at hotel Atrium

DoubleTree Hotel, Glenview

1400 Milwaukee Ave

Glenview, IL 60025-1400

Salon A,B,C

Tel: (847) 803-9800 Fax: (847) 803-8026

Highlights:

Keynote Presentation by August T. Piper Jr. M.D.

"What it takes to reunite the family"

Reinder Van Til

"Culture of Victimization"

Forum Discussion:

"How can professionals assist the process of reuniting families?"

Carolyn Saari, Ph.D.; Dr. Gary Almy, Larry Koziowski, Representatives of the Illinois Psychological Association and the Illinois Psychiatric Society

**Therapy's Delusions:
The Myth of the Unconscious
and the Exploitation of Today's
Walking Worried.**

Ethan Watters and Richard Ofshe
Scribner 1999 ISBN 0-684-83584-3
287 pages \$25.00 hardback

This new book by the authors of
"Making Monsters" reveals how talk
therapy has masqueraded as a scientific
discipline. It is a powerful call for
reforming the mental health profession.

See:

www.chordate.com/therapys_delusions/index.html

<http://www.FMSFonline.org>

is the address of the website
that FMSF is developing.

All past newsletters are now
available here.

(The site now has transcripts of
many of the therapy session tapes
presented in evidence at the trial of
U.S.A v Peterson et al)

FREUD'S FRAUDULENT STORIES OF SEDUCTION

According to psychoanalytic history many of Freud's women patients in the 1890s reported having been "seduced" by their fathers, and his recognition that most of these reports were fantasies led to the momentous discovery of infantile fantasies—Oedipal desires and all the rest. Not so, says Jeffrey Masson: Freud's change of mind about the reports of childhood sexual abuse was a disreputable betrayal of his abused female patients. But the evidence of the original documents reveals that both accounts are wrong: it was Freud himself who insisted that the patients had been sexually molested in infancy in the face of the disbelief of his patients.

If you want to separate fact from fiction, visit the

Seduction Theory web site:

<http://www.shf.ac.uk/uni/projects/gpp/aesterson.html>

Exploring the Internet

A new web site of interest to FMSF
Newsletter readers:

<http://www.StopBadTherapy.com>

Useful information on this site
includes:

- Phone numbers of professional regulatory boards in all 50 states.
- Links for e-mailing:
American Psychiatric Association
American Psychological Association
American Medical Association
National Association of Social Workers.
- Lists of online and printed resources: links, articles, books, videos.
- Ideas for taking action.
- Retractor stories from *Victims of Memory*.

ESTATE PLANNING

If you have questions about how to include the FMSF in your estate planning, contact Charles Caviness 800-289-9060. (Available 9:00 AM to 5:00 PM Pacific time.)

Now Available

#274 Pope, H.G. et al. "Attitudes Toward DSM-IV Dissociative Disorders Diagnoses Among Board-Certified American Psychiatrists." *American Journal of Psychiatry* 156:2 February 1999

Survey finds that among board-certified American psychiatrists, there currently appears to be little consensus regarding the diagnostic status or scientific validity of dissociative amnesia and dissociative identity disorder. \$ 1.50

#844 Hungerford v. Jones "Decision: New Hampshire Supreme Court." December 18, 1998.

New Hampshire Supreme Court held that a therapist does owe a duty to the accused person when diagnosing and treating an adult patient for sexual abuse, noting that serious, foreseeable injury can result from misdiagnosis. \$3.00

CONTACTS & MEETINGS - UNITED STATES

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854-0404 (fax)

ARKANSAS

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Al & Lela (870) 363-4368

CALIFORNIA

Sacramento

Joanne & Gerald (916) 933-3655

San Francisco & North Bay - (bi-MO)

Gideon (415) 389-0254 or
Charles 984-6626(am); 435-9618(pm)

East Bay Area

Judy (925) 376-8221

South Bay Area

Jack & Pat (831) 425-1430

Central Coast

Carole (805) 967-8058

Central Orange County

Chris & Alan (949) 733-2925

Orange County

Jerry and Eileen (909) 659-9636

Covina Area - 1st Mon. (quarterly) @7:30pm

Floyd & Libby (626) 330-2321

San Diego Area

Dee (760) 941-4816

COLORADO

Colorado Springs

Doris (719) 488-9738

CONNECTICUT

S. New England -

Earl (203) 329-8365 or
Paul (203) 458-9173

FLORIDA

Dade/Broward

Madeline (954) 966-4FMS

Boca/Delray - 2nd & 4th Thurs (MO) @1pm

Helen (407) 498-8684

Central Florida - Please call for mtg. time

John & Nancy (352) 750-5446

Tampa Bay Area

Bob & Janet (727) 856-7091

GEORGIA

Atlanta

Wallie & Jill (770) 971-8917

HAWAII

Carolyn (808) 261-5716

ILLINOIS

Chicago & Suburbs - 1st Sun. (MO)

Eileen (847) 985-7693 or
Liz & Roger (847) 827-1056

Peoria

Bryant & Lynn (309) 674-2767

INDIANA

Indiana Assn. for Responsible Mental Health Practices

Nickie (317) 471-0922; fax (317) 334-9839
Pat (219) 482-2847

IOWA

Des Moines - 2nd Sat. (MO) @11:30am Lunch

Betty & Gayle (515) 270-6976

KANSAS

Wichita - Meeting as called

Pat (785) 738-4840

KENTUCKY

Louisville - Last Sun. (MO) @ 2pm

Bob (502) 367-1838

LOUISIANA

Francine (318) 457-2022

MAINE

Bangor

Irvine & Arlene (207) 942-8473

Rumbold -

Carolyn (207) 364-8891

Portland - 4th Sun. (MO)

Wally & Bobby (207) 878-9812

MARYLAND

Ellicott City Area

Margie (410) 750-8694

MASSACHUSETTS/NEW ENGLAND

Andover - 2nd Sun. (MO) @ 1pm

Frank (978) 263-9795

MICHIGAN

Grand Rapids Area-Jenison - 1st Mon. (MO)

Bill & Marge (616) 383-0382

Greater Detroit Area -

Nancy (248) 642-8077

Ann Arbor

Martha (734) 439-8119

MINNESOTA

Terry & Collette (507) 642-3630

Dan & Joan (651) 631-2247

MISSOURI

Kansas City - Meeting as called

Pat (785)-738-4840

St. Louis Area - call for meeting time

Karen (314) 432-8789

Springfield - 4th Sat. (MO) @12:30pm

Tom (417) 883-8617

Roxie (417) 781-2058

MONTANA

Lee & Avone (406) 443-3189

NEW JERSEY (SO.)

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NEW MEXICO

Albuquerque - 2nd Sat. (MO) @1 pm

Southwest Room - Presbyterian Hospital

Maggie (505) 662-7521(after 6:30pm) or

Sy (505) 758-0726

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Westchester, Rockland, etc.

Barbara (914) 761-3627

Upstate/Albany Area

Elaine (518) 399-5749

NORTH CAROLINA

Susan (704) 538-7202

OHIO

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Bob (513) 541-0816 or (513) 541-5272

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Dee (405) 942-0531 or

HJ (405) 755-3816

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Rick & Renee (412) 563-5509

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John (717) 278-2040

Wayne (includes S. NJ)

Jim & Jo (610) 783-0396

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Kate (615) 665-1160

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Keith (801) 467-0669

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Sue (703) 273-2343

WASHINGTON

See Oregon

WEST VIRGINIA

Pat (304) 291-6448

WISCONSIN

Katie & Leo (414) 476-0285 or

Susanne & John (608) 427-3686

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Vancouver & Mainland

Ruth (604) 925-1539

Victoria & Vancouver Island - 3rd Tues. (MO)

@7:30pm

John (250) 721-3219

MANITOBA, CANADA

Winnipeg

Joan (204) 284-0118

ONTARIO, CANADA

London - 2nd Sun. (bi-MO)

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Eileen (613) 836-3294

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Warkworth

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Ake Moiler FAX (48) 431-217-90

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The British False Memory Society

Madeline (44) 1225 868-682

Deadline for the SEPTEMBER Newsletter is
AUGUST 15. Meeting notices MUST be in
writing and should be sent no later than
two months prior to the meeting.

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July 1, 1999

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Do you have access to e-mail? Send a message to
pjf@cis.upenn.edu

if you wish to receive electronic versions of this newsletter and notices of radio and television broadcasts about FMS. All the message need say is "add to the FMS-News". It would be useful, but not necessary, if you add your full name (all addresses and names will remain strictly confidential).

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Additional Contribution: \$_____

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FALSE MEMORY SYNDROME

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